

ASSIGNED COUNSEL VOUCHER

CLIENT NAME: _____ Docket Number(s): _____

☐ UCD
☐ District Court
 Disposing Court Location ☐ Superior Court

Date of Assignment _____
 Justice/Judge Making Disposition _____
 Date of Disposition/PC stage completion _____

Specify Offenses Charged: _____

Specify Offenses Convicted: _____

Disposition: _____

OR, if PC case, Stage completed _____

TYPE OF CLIENT:

- ☐ Adult Defendant/Petitioner
☐ Juvenile Defendant/Petitioner
- ☐ Protective Case – GAL
☐ Protective Case – Parent
- ☐ Other

CHILD PROTECTION /MENTAL HEALTH CASES/JUVENILE:

- ☐ Child Protective
☐ Mental Health
☐ Juvenile

CRIMINAL CASES (Assumes Jury Trial, unless otherwise noted):

- ☐ Lawyer of the Day
☐ Probation Violation
☐ Post-Conviction Review
- ☐ Murder
☐ Class A
☐ Class B or C–against person
- ☐ Class B or C–against property
☐ Class D or E or Habitual Offender
☐ Class D or E–without jury

TOTAL HOURS

TOTAL EXPENSES

☐ THIS IS THE ONLY VOUCHER I AM SUBMITTING☐ THIS IS THE _____ VOUCHER I HAVE SUBMITTED

\$ _____

(Include backup/explanation)

I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted from or on behalf of the above defendant(s) except as ordered by the court. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is in accord with the applicable Administrative Order, and in particular that I have not billed for travel time or expenses to/from my home court(s) and that I have not double billed on my time.

Vendor Code # _____

Check Payable To _____

Complete Address _____

Name (print) _____

Signature of Counsel _____

Date submitted _____

Re-submission? ☐ Yes ☐ No

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED OR VOUCHER WILL BE RETURNED.

FOR COURT USE ONLY

Amt. reimburse. ordered \$ _____

Counsel fees paid \$ _____

Balance (if any) owed \$ _____

Attorney Fee \$ _____

Related Expenses \$ _____

Total Due \$ _____

Court Date Stamp

Clerk Verification

Total Hours

(In Increments of .10 hrs)

APPROVED BY:

(Signature) ☐ Justice ☐ Judge ☐ Clerk (Date)

Judge's notes

AOC APPROVED FOR PAYMENT

Fund	Agency	Unit	Approp.	Object	(Date)
010	40A	9	012	4040	
TRANS	AGENCY	DOCUMENT I.D #			
TYPE	CODE				
GAX	40A				